

## FILING DATE SERIAL NO. CLAIMS ONLY APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT DEP. IND. DEP. DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. ì TOTAL IND. TOTAL TOTAL DEP.

 $^\star$  MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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